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NEWS 1		Web Page for STN Seminar Schedule - N. America
NEWS 2	DEC 01	ChemPort single article sales feature unavailable
NEWS 3	APR 03	CAS coverage of exemplified prophetic substances enhanced
NEWS 4	APR 07	STN is raising the limits on saved answers
NEWS 5	APR 24	CA/CAplus now has more comprehensive patent assignee information
NEWS 6	APR 26	USPATFULL and USPAT2 enhanced with patent assignment/reassignment information
NEWS 7	APR 28	CAS patent authority coverage expanded
NEWS 8	APR 28	ENCOMPLIT/ENCOMPLIT2 search fields enhanced
NEWS 9	APR 28	Limits doubled for structure searching in CAS REGISTRY
NEWS 10	MAY 08	STN Express, Version 8.4, now available
NEWS 11	MAY 11	STN on the Web enhanced
NEWS 12	MAY 11	BEILSTEIN substance information now available on STN Easy
NEWS 13	MAY 14	DGENE, PCTGEN and USGENE enhanced with increased limits for exact sequence match searches and introduction of free HIT display format
NEWS 14	MAY 15	INPADOCDB and INPAFAMDB enhanced with Chinese legal status data
NEWS 15	MAY 28	CAS databases on STN enhanced with NANO super role in records back to 1992
NEWS 16	JUN 01	CAS REGISTRY Source of Registration (SR) searching enhanced on STN
NEWS 17	JUN 26	NUTRACEUT and PHARMAML no longer updated
NEWS 18	JUN 29	IMSCOPROFILE now reloaded monthly
NEWS 19	JUN 29	EPFULL adds Simultaneous Left and Right Truncation (SLART) to AB, MCLM, and TI fields
NEWS 20	JUL 09	PATDPAFULL adds Simultaneous Left and Right Truncation (SLART) to AB, CLM, MCLM, and TI fields

NEWS EXPRESS MAY 26 09 CURRENT WINDOWS VERSION IS V8.4,
AND CURRENT DISCOVER FILE IS DATED 06 APRIL 2009.

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FILE 'HOME' ENTERED AT 15:26:06 ON 13 JUL 2009

=> file regsitry
'REGSITRY' IS NOT A VALID FILE NAME
SESSION CONTINUES IN FILE 'HOME'
Enter "HELP FILE NAMES" at an arrow prompt (=>) for a list of files that are available. If you have requested multiple files, you can specify a corrected file name or you can enter "IGNORE" to continue accessing the remaining file names entered.

=> file registry
COST IN U.S. DOLLARS SINCE FILE ENTRY TOTAL SESSION
FULL ESTIMATED COST 0.22 0.22

FILE 'REGISTRY' ENTERED AT 15:26:23 ON 13 JUL 2009
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Property values tagged with IC are from the ZIC/VINITI data file provided by InfoChem.

STRUCTURE FILE UPDATES: 12 JUL 2009 HIGHEST RN 1161919-42-1
DICTIONARY FILE UPDATES: 12 JUL 2009 HIGHEST RN 1161919-42-1

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TSCA INFORMATION NOW CURRENT THROUGH January 9, 2009.

Please note that search-term pricing does apply when conducting SmartSELECT searches.

REGISTRY includes numerically searchable data for experimental and predicted properties as well as tags indicating availability of experimental property data in the original document. For information on property searching in REGISTRY, refer to:

http://www.cas.org/support/stngen/stndoc/properties.html

=> s galanthamine/cn
L1 1 GALANTHAMINE/CN

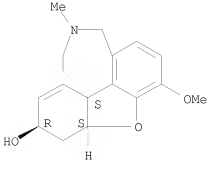
=> s l1
L2 1 GALANTHAMINE/CN

=> d l1

L1 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2009 ACS on STN
RN 357-70-0 REGISTRY
ED Entered STN: 16 Nov 1984
CN 6H-Benzofuro[3a,3,2-ef][2]benzazepin-6-ol, 4a,5,9,10,11,12-hexahydro-3-methoxy-11-methyl-, (4aS,6R,8aS)- (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 6H-Benzofuro[3a,3,2-ef][2]benzazepin-6-ol, 4a,5,9,10,11,12-hexahydro-3-methoxy-11-methyl- (7CI)

CN Galanthamine (6CI, 8CI)
OTHER NAMES:
CN (-)-Galantamine
CN (-)-Galanthamine
CN 6H-Benzofuro[3a,3,2-ef][2]benzazepin-6-ol,
    4a,5,9,10,11,12-hexahydro-3-methoxy-11-methyl-,
    [4aS-(4aα,6β,8aR*)]-
CN BRN 0093736
CN Galantamin
CN Galantamina
CN Galantamine
CN Jilkon
CN Lycoremin
CN Lycoremine
CN NSC 100058
FS STEREOSEARCH
DR 1008759-59-8, 736-79-8, 1551-02-6
MF C17 H21 N O3
CI COM
LC STN Files: ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOSIS,
      BIOTECHNO, CA, CAPLUS, CASREACT, CBNB, CHEMCATS, CIN, CSCHEM, DDFU,
      DRUGU, EMBASE, HSDB*, IMSDRUGNEWS, IMSPATENTS, IMSPRODUCT, IMSRESEARCH,
      IPA, MEDLINE, MRCK*, NAPRALERT, PATDPASPC, PHAR, PROMT, PROUSDDR, PS,
      RTECS*, SPECINFO, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
        (*File contains numerically searchable property data)
    Other Sources: WHO

Absolute stereochemistry. Rotation (-).



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

          1379 REFERENCES IN FILE CA (1907 TO DATE)
            62 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
          1387 REFERENCES IN FILE CAPLUS (1907 TO DATE)

=> file caplus
COST IN U.S. DOLLARS   SINCE FILE   TOTAL
                                                       ENTRY   SESSION
FULL ESTIMATED COST   13.23   13.45

FILE 'CAPLUS' ENTERED AT 15:26:44 ON 13 JUL 2009
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FILE COVERS 1907 - 13 Jul 2009 VOL 151 ISS 3
FILE LAST UPDATED: 12 Jul 2009 (20090712/ED)
REVISED CLASS FIELDS (/NCL) LAST RELOADED: Apr 2009
USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE: Apr 2009

CAplus now includes complete International Patent Classification (IPC)
reclassification data for the second quarter of 2009.

This file contains CAS Registry Numbers for easy and accurate
substance identification.

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=> s l1
L3        1387 L1

=> s "delayed release"
        120841 "DELAYED"
        557564 "RELEASE"
         27794 "RELEASES"
        574587 "RELEASE"
                 ("RELEASE" OR "RELEASES")
L4        1699 "DELAYED RELEASE"
                 ("DELAYED"(W)"RELEASE")

=> s l3 and l4
L5           3 L3 AND L4

=> dup rem l5
PROCESSING COMPLETED FOR L5
L6           3 DUP REM L5 (0 DUPLICATES REMOVED)

=> d 16 1-3 ibib abs

L6   ANSWER 1 OF 3  CAPLUS  COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER:         2006:631165  CAPLUS
DOCUMENT NUMBER:          145:110313
TITLE:                    Pharmaceutical compositions comprising an agent with
                          serotonin receptor modulating activity for sleep
                          disorders
INVENTOR(S):              Rariy, Roman V.; Heffernan, Michael
PATENT ASSIGNEE(S):       Collegium Pharmaceutical, Inc., USA
SOURCE:                   PCT Int. Appl., 57 pp.
                          CODEN: PIXXD2
DOCUMENT TYPE:            Patent
LANGUAGE:                 English
FAMILY ACC. NUM. COUNT:   1
PATENT INFORMATION:

     PATENT NO.          KIND   DATE        APPLICATION NO.        DATE
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WO 2006069030	A1	20060629	WO 2005-US46049		20051220
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, LY, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW					
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM					
AU 2005319367	A1	20060629	AU 2005-319367		20051220
CA 2590802	A1	20060629	CA 2005-2590802		20051220
EP 1833467	A1	20070919	EP 2005-854713		20051220
R: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LI, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR					
JP 2008524332	T	20080710	JP 2007-548372		20051220
US 20080200508	A1	20080821	US 2007-793392		20070619
CN 101132777	A	20080227	CN 2005-80043729		20070620
IN 2007DN04915	A	20070817	IN 2007-DN4915		20070626
KR 2007087678	A	20070828	KR 2007-716730		20070720
PRIORITY APPLN. INFO.:			US 2004-637655P	P	20041220
			WO 2005-US46049	W	20051220

AB Pharmaceutical compns. are provided for the pharmacol. treatment of breathing disorders and, more specifically, to compns. containing agents having serotonin receptor modulating activity for the alleviation of sleep apnea (central and obstructive) and other sleep-related breathing disorders wherein the active ingredients are released such as to extend effective blood plasma concns. across the period of sleep. For example, ondansetron immediate release tablets were prepared containing ondansetron HCl dihydrate 9.98 mg, lactose 29.14 mg, Prosolv 50 29.14 mg, Ac-Di-Sol 3.75 mg, SDS 1.5 mg, Aerosil 0.75 mg, and Mg stearate 0.75 mg. Ondansetron immediate release tablets were then coated with Eudragit L100/S100 blend to obtain delayed release tablets.

REFERENCE COUNT: 2 THERE ARE 2 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 2 OF 3 CAPLUS COPYRIGHT 2009 ACS on STN

ACCESSION NUMBER: 2005:258583 CAPLUS
DOCUMENT NUMBER: 142:285255
TITLE: Buccal formulations of galanthamine and derivatives and use for treating Alzheimer's disease, and the abuse of alcohol and drugs
INVENTOR(S): Asmussen, Bodo; Moormann, Joachim
PATENT ASSIGNEE(S): HF Arzneimittelforschung GmbH, Germany
SOURCE: Ger. Offen., 9 pp.
CODEN: GWXXBX
DOCUMENT TYPE: Patent
LANGUAGE: German
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
DE 10338544	A1	20050324	DE 2003-10338544	20030819
AU 2004273574	A1	20050331	AU 2004-273574	20040423
CA 2536499	A1	20050331	CA 2004-2536499	20040423
WO 2005027870	A1	20050331	WO 2004-EP4325	20040423
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE,				

GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW

RW: BW, GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

EP 1656112 A1 20060517 EP 2004-729066 20040423
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, FI, RO, CY, TR, BG, CZ, EE, HU, PL, SK
JP 2007509031 T 20070412 JP 2006-523531 20040423
US 20070190117 A1 20070816 US 2006-569160 20061017
PRIORITY APPLN. INFO.: DE 2003-10338544 A 20030819
WO 2004-EP4325 W 20040423

AB The invention concerns film-shaped buccal formulations of galanthamine, its salts and derivs. as central nervous system cholinergic drug or a combination of two of these drugs. The drug is embedded in polymeric matrix layers; the film can be mucus-adhesive or not adhering to the mucus. Controlled-release formulations are prepared The buccal delivery systems is used to treat Alzheimer's disease, the abuse of alc. and drugs, as antidote for neuroleptic anesthesia, and nervous system drug.

REFERENCE COUNT: 5 THERE ARE 5 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 3 OF 3 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2000:314578 CAPLUS
DOCUMENT NUMBER: 132:318050
TITLE: Choline esterase inhibitors, alone or with other agents, for treating restless legs syndrome and/or periodic limb movements during sleep, and diagnostic method
INVENTOR(S): Hedner, Jan; Kraiczi, Holger
PATENT ASSIGNEE(S): Swed.
SOURCE: PCT Int. Appl., 26 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2000025821	A1	20000511	WO 1999-SE1979	19991103
RW: AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE				
EP 1154795	A1	20011121	EP 1999-957453	19991103
EP 1154795	B1	20050817		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI				
AT 302025	T	20050915	AT 1999-957453	19991103
ES 2251242	T3	20060416	ES 1999-957453	19991103
PRIORITY APPLN. INFO.:			SE 1998-3760 A	19981104
			WO 1999-SE1979 W	19991103

AB A method for treating or preventing the restless legs syndrome and/or the periodic limb movements during sleep comprises administration of a choline esterase inhibitor (CEI) and, optionally, carbamazepine, clonidine, baclofen, hypnotic agent, opioid agonist, and dopaminergic agonist. Administration precedes the onset of sleep at night by from zero to three hours so as to make the CEI exert a therapeutic effect during a major portion of the sleep period. Also disclosed are corresponding

pharmaceutical compns. and their use, including compns. comprising a combination of CEI with carbamazepine, clonidine, baclofen, hypnotic agent, opioid agonist, and dopaminergic agonist.
REFERENCE COUNT: 7 THERE ARE 7 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

=> d his

(FILE 'HOME' ENTERED AT 15:26:06 ON 13 JUL 2009)

FILE 'REGISTRY' ENTERED AT 15:26:23 ON 13 JUL 2009
L1 1 S GALANTHAMINE/CN
L2 1 S L1

FILE 'CAPLUS' ENTERED AT 15:26:44 ON 13 JUL 2009
L3 1387 S L1
L4 1699 S "DELAYED RELEASE"
L5 3 S L3 AND L4
L6 3 DUP REM L5 (0 DUPLICATES REMOVED)

=> s l3 and "sleep" and "cholinesterase"
26391 "SLEEP"
59 "SLEEPS"
26421 "SLEEP"
("SLEEP" OR "SLEEPS")
24553 "CHOLINESTERASE"
4939 "CHOLINESTERASES"
25287 "CHOLINESTERASE"
("CHOLINESTERASE" OR "CHOLINESTERASES")
L7 21 L3 AND "SLEEP" AND "CHOLINESTERASE"

=> dup rem l7
PROCESSING COMPLETED FOR L7
L8 21 DUP REM L7 (0 DUPLICATES REMOVED)

=> d 18 1-21 ibib, abs

L8 ANSWER 1 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2009:360984 CAPLUS
DOCUMENT NUMBER: 150:366851
TITLE: Co-administration of pimavanserin with other agents
INVENTOR(S): Hacksell, Uli; McFarland, Krista
PATENT ASSIGNEE(S): Acadia Pharmaceuticals, Inc., USA
SOURCE: PCT Int. Appl., 51pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2009039460	A2	20090326	WO 2008-US77139	20080919
W: AE, AG, AL, AM, AO, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD, ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, ST, SV, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW				
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU,				

IE, IS, IT, LT, LU, LV, MC, MT, NL, NO, PL, PT, RO, SE, SI, SK,
TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD,
TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW,
AM, AZ, BY, KG, KZ, MD, RU, TJ, TM

US 20090082388 A1 20090326 US 2008-234573 20080919
US 20090082342 A1 20090326 US 2008-234582 20080919
WO 2009039461 A2 20090326 WO 2008-US77140 20080919
W: AE, AG, AL, AM, AO, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ,
CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES,
FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE,
KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD,
ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH,
PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, ST, SV, SY, TJ,
TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU,
IE, IS, IT, LT, LU, LV, MC, MT, NL, NO, PL, PT, RO, SE, SI, SK,
TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD,
TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW,
AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
PRIORITY APPLN. INFO.: US 2007-974426P P 20070921
US 2007-986250P P 20071107
US 2008-50976P P 20080506

AB As disclosed herein, co-administration of pimavanserin with an agent that ameliorates one or more cholinergic abnormalities can have a synergistic effect on the efficacy of the agent. Disclosed herein are compns. which include pimavanserin in combination with an agent that ameliorates one or more cholinergic abnormalities. Also disclosed herein are methods for ameliorating or treating a disease condition characterized by one or more cholinergic abnormalities that can include administering pimavanserin in combination with an agent that ameliorates one or more cholinergic abnormalities.

L8 ANSWER 2 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2009:364707 CAPLUS
DOCUMENT NUMBER: 150:345578
TITLE: Glycemic control, diabetes treatment, and other treatments with acetylcholinesterase inhibitors
INVENTOR(S): Wills, Stephen
PATENT ASSIGNEE(S): USA
SOURCE: PCT Int. Appl., 41pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2009039313	A1	20090326	WO 2008-US76907	20080918
W: AE, AG, AL, AM, AO, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD, ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, ST, SV, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW				
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU, IE, IS, IT, LT, LU, LV, MC, MT, NL, NO, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
US 20090081314	A1	20090326	US 2008-233522	20080918

PRIORITY APPLN. INFO.: US 2007-973330P P 20070918
AB The invention discloses a method for glycemic control of a patient having a disease selected from the group consisting of type 1 diabetes mellitus, type 2 diabetes mellitus, impaired glucose tolerance, hyperglycemia, and postprandial hyperglycemia, the method comprising administering to a patient in need thereof a pharmaceutical composition comprising an acetylcholinesterase inhibitor compound The invention also discloses a method for reducing HbA1c concns. as a measure of glycemic control, comprising administering to a patient in need thereof a pharmaceutical composition comprising an acetylcholinesterase inhibitor compound The invention
further discloses a pharmaceutical formulation for daily administration comprising an acetylcholinesterase inhibitor, from about 5 mg to about 15 mg of loratadine and optionally from about 5 mg to about 16 mg of elemental zinc.
REFERENCE COUNT: 10 THERE ARE 10 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 3 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2009:259825 CAPLUS
DOCUMENT NUMBER: 150:298963
TITLE: Medication combinations for the treatment of alcoholism and drug addiction
INVENTOR(S): Johnson, Bankole A.; Tiouririne, Nassima Ait-Daoud; Lynch, Wendy J.
PATENT ASSIGNEE(S): University of Virginia Patent Foundation, USA
SOURCE: PCT Int. Appl., 130pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2009029308	A1	20090305	WO 2008-US64232	20080520
W: AE, AG, AL, AM, AO, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD, ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, SV, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW			
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU, IE, IS, IT, LT, LU, LV, MC, MT, NL, NO, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM			

PRIORITY APPLN. INFO.: US 2007-966265P P 20070827
AB Method is disclosed for combination therapy of of alcoholism and drug addiction. The invention provides use of combinations of drugs to treat addictive disorders. More specifically, the invention provides compns. and methods for treating disorders using combinations of drugs such as topiramate, ondansetron, and naltrexone.

L8 ANSWER 4 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2008:1364057 CAPLUS
DOCUMENT NUMBER: 149:541707
TITLE: Droxidopa and pharmaceutical composition thereof for the treatment of mood disorders, sleep disorders, or attention deficit disorders
INVENTOR(S): Roberts, Michael J.; Pedder, Simon

PATENT ASSIGNEE(S): Chelsea Therapeutics, Inc., USA
SOURCE: PCT Int. Appl., 65pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2008137923	A2	20081113	WO 2008-US62879	20080507
WO 2008137923	A3	20090409		
W: AE, AG, AL, AM, AO, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD, ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, SV, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW			
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU, IE, IS, IT, LT, LU, LV, MC, MT, NL, NO, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AP, EA, EP, OA			
US 20090023705	A1	20090122	US 2008-116560	20080507

PRIORITY APPLN. INFO.: US 2007-916497P P 20070507

AB The present invention provides pharmaceutical compns. comprising droxidopa alone, or in combination with one or more further active ingredients, for the treatment of conditions, such as mood disorders, sleep disorders, or attention deficit disorders. In certain embodiments, the compns. useful in the methods of the invention comprise droxidopa and a compound selected from the group consisting of DOPA decarboxylase inhibiting compds., catechol-O-methyltransferase inhibiting compds., cholinesterase inhibiting compds., monoamine oxidase inhibiting compds., norepinephrine reuptake inhibiting compds., selective serotonin reuptake inhibiting compds., tricyclic antidepressant compds., serotonin norepinephrine reuptake inhibiting compds., norepinephrine dopamine reuptake inhibiting compound, noradrenergic and specific serotonergic antidepressants, and combinations thereof. The inventive compns. are particularly useful in the treatment of depression, narcolepsy, insomnia, and Attention Deficit/Hyperactivity Disorder (AD/HD).

L8 ANSWER 5 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2008:1338451 CAPLUS
DOCUMENT NUMBER: 149:541636
TITLE: Combination pharmaceutical compositions comprising minicapsules or minispheres of, for example, nimodipine and tacrolimus
INVENTOR(S): Coulter, Ivan
PATENT ASSIGNEE(S): Sigmoid Pharma Ltd., Ire.
SOURCE: PCT Int. Appl., 109pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2008132712	A2	20081106	WO 2008-IE53	20080501
W: AE, AG, AL, AM, AO, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES,				

FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE,
KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD,
ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH,
PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, SV, SY, TJ, TM,
TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU,
IE, IS, IT, LT, LU, LV, MC, MT, NL, NO, PL, PT, RO, SE, SI, SK,
TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD,
TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW,
AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
EP 2063875 A2 20090603 EP 2008-738144 20080501
R: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU,
IE, IS, IT, LI, LT, LU, LV, MC, MT, NL, NO, PL, PT, RO, SE, SI,
SK, TR, AL, BA, MK, RS
PRIORITY APPLN. INFO.: US 2007-924132P P 20070501
WO 2008-IE53 W 20080501

AB A modified release dosage product is provided, comprising a plurality of minicapsules or minispheres containing various active agents, for example, a calcium channel blocker, such as nimodipine, and/or a calcineurin inhibitor, such as tacrolimus. Uncoated minicapsules or minispheres encapsulating micronized nimodipine for immediate release and a controlled release polymer coated minicapsule or minisphere encapsulating micronized nimodipine for delayed, sustained, controlled or targeted release are described. Uncoated seamless minicapsules, the core of which comprise tacrolimus lipid-based formulation for immediate release and a controlled release polymer coated seamless minicapsule, the core of which comprises tacrolimus lipid-based formulation for delayed, sustained, controlled release or targeted release are also described. The final dosage form may be a hard gelatin capsule. Thus, nimodipine multiparticulate seamless minicapsules were produced containing nimodipine 37.5%, gelatin 56.3% and sorbitol 6.3%, and some of the minicapsules were coated with Surelease. Tacrolimus minicapsules were also produced comprising a core containing tacrolimus 3.25%, Labrafil 36.4%, olive oil 47.65%, and ethanol 12.7%, and a shell containing gelatin 90.0% and sorbitol 10.0%, and some of the minicapsules were first coated with Eudragit RS30D followed by Eudragit FS30D. The uncoated and coated nimodipine minicapsules and uncoated and coated tacrolimus minicapsules were blended into the final dosage form.

L8 ANSWER 6 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2008:770868 CAPLUS
DOCUMENT NUMBER: 149:96068
TITLE: Combined effects of topiramate and ondansetron on alcohol consumption, and use in the treatment of alcohol-related diseases
INVENTOR(S): Johnson, Bankole A.; Touririne, Nassima Ait-Daoud
PATENT ASSIGNEE(S): University of Virginia Patent Foundation, USA
SOURCE: PCT Int. Appl., 107 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2008077092	A2	20080626	WO 2007-US88100	20071219
WO 2008077092	A3	20080814		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD, ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL,

PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, SV, SY, TJ, TM, TN,
TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE,
IS, IT, LT, LU, LV, MC, MT, NL, PL, PT, RO, SE, SI, SK, TR, BF,
BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW,
GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ,
BY, KG, KZ, MD, RU, TJ, TM, AP, EA, EP, OA

PRIORITY APPLN. INFO.: US 2006-875668P P 20061219
US 2007-898528P P 20070131
US 2007-931031P P 20070521

AB The invention discloses the use of combinations of drugs to treat addictive disorders. More specifically, the invention discloses use of drugs in conjunction with behavioral intervention to treat alc.-related diseases and disorders as well as treatment of obesity and regulating weight

L8 ANSWER 7 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2008:1101222 CAPLUS
DOCUMENT NUMBER: 149:347548
TITLE: Droxidopa, pharmaceutical composition thereof, and combinations with other agents for the treatment of fibromyalgia
INVENTOR(S): Roberts, Michael J.; Pedder, Simon
PATENT ASSIGNEE(S): Chelsea Therapeutics, Inc., USA
SOURCE: U.S. Pat. Appl. Publ., 20pp.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 20080221170	A1	20080911	US 2008-44680	20080307
WO 2008112562	A1	20080918	WO 2008-US56255	20080307

W: AE, AG, AL, AM, AO, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ,
CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES,
FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE,
KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD,
ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH,
PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, SV, SY, TJ, TM,
TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU,
IE, IS, IT, LT, LU, LV, MC, MT, NL, NO, PL, PT, RO, SE, SI, SK,
TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD,
TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW,
AM, AZ, BY, KG, KZ, MD, RU, TJ, TM

PRIORITY APPLN. INFO.: US 2007-894030P P 20070309

AB The invention provides methods for treating fibromyalgia or other diseases or conditions causing widespread pain and/or fatigue. In particular, the invention provides pharmaceutical compns. comprising droxidopa alone, or in combination with one or more further active agents, that can be used in the inventive methods. The methods of treatment can comprise treating, preventing, reducing, or eliminating a variety of symptoms recognized as indicative of fibromyalgia, such as chronic pain, allodynia, hyperalgesia, fatigue, sleep disturbance, and depression.

L8 ANSWER 8 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2008:417511 CAPLUS
DOCUMENT NUMBER: 148:387497
TITLE: Managing obstructive sleep apnea and/or snoring using local time-released agents
INVENTOR(S): Hausmann, Gilbert; Campbell, Shannon Eleanor

PATENT ASSIGNEE(S): Nellcor Puritan Bennett Incorporated, USA
SOURCE: U.S. Pat. Appl. Publ., 12pp.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 20080082041	A1	20080403	US 2006-537176	20060929
PRIORITY APPLN. INFO.:			US 2006-537176	20060929

AB A method for managing at least one breathing condition may include storing an agent near a patient's airway and delivering the agent to the mucosal tissue in the pharyngeal area in a time-released manner during a sleep period. The delivered agent may cause increased contraction of muscle tissue in the pharyngeal area. A cross-sectional side view of one embodiment of a system for managing at least one breathing condition is depicted (no data).

L8 ANSWER 9 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2007:486266 CAPLUS
DOCUMENT NUMBER: 146:455274
TITLE: Therapeutic formulations for the treatment of β-amyloid-related diseases
INVENTOR(S): Gervais, Francine; Bellini, Francesco
PATENT ASSIGNEE(S): Neurochem (International) Limited, Switz.
SOURCE: PCT Int. Appl., 254 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 13
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2007049098	A2	20070503	WO 2005-IB4199	20050617
WO 2007049098	A3	20071004		
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AP, EA, EP, OA				
US 20050031651	A1	20050210	US 2004-871537	20040618
US 20050038117	A1	20050217	US 2004-871365	20040618
US 7244764	B2	20070717		
US 20050038000	A1	20050217	US 2004-871512	20040618
US 20050143462	A1	20050630	US 2004-871543	20040618
US 7253306	B2	20070807		
US 20050142191	A1	20050630	US 2004-871549	20040618
US 7414076	B2	20080819	US 2004-871514	20040618
US 20050096385	A1	20050505		
CA 2582385	A1	20051218	CA 2005-2582385	20050617
EP 1841460	A2	20071010	EP 2005-858504	20050617
R: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE,				

IS, IT, LI, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR, AL, BA, HR, MK, YU

JP 2008504372	T	20080214	JP 2007-542367		20050617
PRIORITY APPLN. INFO.:			US 2004-871365	A	20040618
			US 2004-871512	A	20040618
			US 2004-871514	A	20040618
			US 2004-871537	A	20040618
			US 2004-871543	A	20040618
			US 2004-871549	A	20040618
			US 2004-871613	A	20040618
			US 2002-436379P	P	20021224
			US 2003-480906P	P	20030623
			US 2003-480918P	P	20030623
			US 2003-480928P	P	20030623
			US 2003-480984P	P	20030623
			US 2003-482058P	P	20030623
			US 2003-482214P	P	20030623
			US 2003-512017P	P	20031017
			US 2003-512018P	P	20031017
			US 2003-512047P	P	20031017
			US 2003-512116P	P	20031017
			US 2003-512135P	P	20031017
			US 2003-746138	A2	20031224
			WO 2003-CA2011	A	20031224
			WO 2005-IB4199	W	20050617

OTHER SOURCE(S): MARPAT 146:455274

AB The invention discloses methods and pharmaceutical compns. for treating β-amyloid-related diseases, including Alzheimer's disease. The invention e.g. includes a method of concomitant therapeutic treatment of a subject, comprising administering an effective amount of a first agent and a second agent, wherein said first agent treats an amyloid-β disease, neurodegeneration, or cellular toxicity; and said second agent is a therapeutic drug or nutritive supplement. Compds. of the invention include e.g. 3-amino-1-propanesulfonic acid and donepezil.

L8 ANSWER 10 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN

ACCESSION NUMBER:	2006:817760 CAPLUS
DOCUMENT NUMBER:	145:180983
TITLE:	Treating microvasculature diseases with acetylcholinesterase inhibitors
INVENTOR(S):	Wills, Stephen
PATENT ASSIGNEE(S):	USA
SOURCE:	PCT Int. Appl., 61pp. CODEN: PIXXD2
DOCUMENT TYPE:	Patent
LANGUAGE:	English
FAMILY ACC. NUM. COUNT:	1
PATENT INFORMATION:	

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2006086698	A2	20060817	WO 2006-US4857	20060210
WO 2006086698	A3	20071206		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, LY, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW

RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LI, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ,

CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AP, EA, EP, OA

CA 2597566	A1	20060817	CA 2006-2597566		20060210
US 20060183733	A1	20060817	US 2006-352165		20060210
EP 1881756	A2	20080130	EP 2006-734818		20060210
R: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LI, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR, AL, BA, HR, MK, YU					
JP 2008530119	T	20080807	JP 2007-555268		20060210
PRIORITY APPLN. INFO.:			US 2005-651613P	P	20050211
			US 2005-663204P	P	20050321
			US 2005-670256P	P	20050412
			US 2005-677366P	P	20050504
			WO 2006-US4857	W	20060210

AB There is disclosed a method of treating various diseases caused by micro-vasculature circulation problems, including, but not limited to, vascular insufficiency, phantom pain, diabetic neuropathy, neuropathic pain, autoimmune/inflammatory diseases (e.g., multiple sclerosis, Parkinson's disease, Crohn's Disease, lupus, rheumatoid arthritis, polymyalgia rheumatica, polymyositis, dermatomyositis, sarcoidosis), urinary retention, lymphoedema, and chronic renal insufficiency. Specifically, there is disclosed a treatment providing an effective amount of an acetyl cholinesterase inhibitor compound (or combination of compds.) to treat one or a plurality of microvasculature diseases.

L8 ANSWER 11 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN

ACCESSION NUMBER:	2005:140795 CAPLUS
DOCUMENT NUMBER:	142:191313
TITLE:	Treatment of sleep disorders with cholinesterase inhibitors
INVENTOR(S):	Gold, Michael
PATENT ASSIGNEE(S):	Janssen Pharmaceutica N.V., Belg.
SOURCE:	U.S. Pat. Appl. Publ., 11 pp. CODEN: USXXCO
DOCUMENT TYPE:	Patent
LANGUAGE:	English
FAMILY ACC. NUM. COUNT:	1

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 20050038013	A1	20050217	US 2004-915821	20040811
US 7297691	B2	20071120		
CA 2535613	A1	20050224	CA 2004-2535613	20040811
WO 2005016327	A2	20050224	WO 2004-US26243	20040811
WO 2005016327	A3	20050414		
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
EP 1653971	A2	20060510	EP 2004-780998	20040811
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, FI, RO, CY, TR, BG, CZ, EE, HU, PL, SK				
JP 2007502297	T	20070208	JP 2006-523387	20040811

PRIORITY APPLN. INFO.: US 2003-494712P P 20030813
WO 2004-US26243 W 20040811

OTHER SOURCE(S): MARPAT 142:191313

AB The present invention is concerned with treatment of sleep disorders by administering a cholinesterase inhibitor, and in particular, by administering galantamine or a pharmaceutically acceptable salt thereof. Also in particular, cholinesterase inhibitors that are active at nicotinic receptors and that are selective for acetylcholinesterase over butylcholinesterase are used in treating sleep disorders.

L8 ANSWER 12 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2004:565091 CAPLUS
DOCUMENT NUMBER: 141:99726
TITLE: Therapeutic formulations for the treatment of beta-amyloid related diseases containing two active ingredients
INVENTOR(S): Gervais, Francine; Bellini, Francesco
PATENT ASSIGNEE(S): Neurochem International Limited, Switz.
SOURCE: PCT Int. Appl., 179 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 13
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2004058258	A1	20040715	WO 2003-CA2011	20031224
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
RW: BW, GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
CA 2511606	A1	20040715	CA 2003-2511606	20031224
AU 2003291910	A1	20040722	AU 2003-291910	20031224
EP 1585520	A1	20051019	EP 2003-767368	20031224
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK				
BR 2003017747	A	20051122	BR 2003-17747	20031224
CN 1753662	A	20060329	CN 2003-80109946	20031224
CN 1753675	A	20060329	CN 2003-80109952	20031224
JP 2006512417	T	20060413	JP 2005-509679	20031224
CN 101103969	A	20080116	CN 2007-10004040	20031224
NZ 541282	A	20090228	NZ 2003-541282	20031224
ZA 2005005143	A	20071128	ZA 2005-5143	20040127
US 20050031651	A1	20050210	US 2004-871537	20040618
NO 2005003077	A	20050922	NO 2005-3077	20050623
MX 2005006940	A	20060222	MX 2005-6940	20050624
IN 2005CN01675	A	20070622	IN 2005-CN1675	20050722

PRIORITY APPLN. INFO.:

US 2002-436379P	P	20021224
US 2003-482214P	P	20030623
US 2003-480906P	P	20030623
US 2003-480918P	P	20030623
US 2003-480984P	P	20030623
US 2003-482058P	P	20030623
US 2003-512017P	P	20031017

US 2003-512047P	P	20031017
US 2003-512116P	P	20031017
US 2003-512135P	P	20031017
CN 2003-80109952	A3	20031224
US 2003-746138	A2	20031224
WO 2003-CA2011	W	20031224

OTHER SOURCE(S): MARPAT 141:99726

AB This invention relates to methods and pharmaceutical compns. for treating amyloid-β related diseases, including Alzheimer's disease. The invention, for example, includes a method of concomitant therapeutic treatment of a subject, comprising administering an effective amount of a first agent and a second agent, wherein said first agent treats an amyloid-β disease, neurodegeneration, or cellular toxicity; and said second agent is a therapeutic drug or nutritive supplement. Pharmaceutical compns. containing compds. of the invention and a kit containing pharmaceutical formulations of the invention are also claimed.

REFERENCE COUNT: 4 THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 13 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN

ACCESSION NUMBER: 2004:354723 CAPLUS

DOCUMENT NUMBER: 140:368732

TITLE: Methods and compositions using cholinesterase inhibitors for the treatment of nervous system disorders and other conditions

INVENTOR(S): Ieni, John; Pratt, Raymond

PATENT ASSIGNEE(S): Eisai Co., Ltd., Japan

SOURCE: PCT Int. Appl., 39 pp.
CODEN: PIXXD2

DOCUMENT TYPE: Patent

LANGUAGE: English

FAMILY ACC. NUM. COUNT: 2

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2004034963	A2	20040429	WO 2003-US15279	20030516
WO 2004034963	A3	20040722		
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
AU 2003298514	A1	20040504	AU 2003-298514	20030516
US 20060018839	A1	20060126	US 2004-988600	20041116
US 20070053976	A1	20070308	US 2006-523803	20060920
US 20080167343	A1	20080710	US 2008-73643	20080307
US 20090042939	A1	20090212	US 2008-192826	20080815
US 20090042940	A1	20090212	US 2008-192856	20080815

PRIORITY APPLN. INFO.:

US 2002-380852P	P	20020517
US 2003-447724P	P	20030219
WO 2003-US15279	W	20030516
US 2004-988600	A2	20041116
JP 2005-276222	A	20050922

OTHER SOURCE(S): MARPAT 140:368732

AB The invention provides methods for treating and/or preventing Alzheimer's disease, psychiatric illnesses, encephalitis, meningitis, fetal alc.

syndrome, Korsakoff's syndrome, anoxic brain injury, cardiopulmonary resuscitation injuries, diabetes, Sjogren's syndrome, mental retardation, developmental delay, menopause, strokes, macular degeneration, neuronal loss associated with macular degeneration, sleep disorders, severe Alzheimer's disease, jet lag, post-traumatic stress disorder, anxiety disorders, panic attacks, obsessive-compulsive disorder, amnesia, and other disorders by administering to a patient in need thereof at least one cholinesterase inhibitor. The invention also provides novel pharmaceutical compns. that can be administered to the eyes or to the nose of patients. In one embodiment, the cholinesterase inhibitor is donepezil, a stereoisomer thereof and/or a pharmaceutically acceptable salt thereof. In other embodiments, the cholinesterase inhibitor can be one or more of phenserine, tolserine, phenethylnorcymserine, ganstigmine, epastigmine, tacrine, physostigmine, pyridostigmine, neostigmine, rivastigmine, galantamine, citicoline, velnacrine, huperzine, metrifonate, heptastigmine, edrophonium, TAK-147, T-82, and upreazine.

REFERENCE COUNT: 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 14 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN

ACCESSION NUMBER: 2004:143315 CAPLUS

DOCUMENT NUMBER: 140:175167

TITLE: Methods for the treatment of dementia with cholinesterase inhibitors based on ApoE genotype

INVENTOR(S): Lane, Roger Michael; Polymeropoulos, Mihael Hristos

PATENT ASSIGNEE(S): Novartis Ag, Switz.; Novartis Pharma Gmbh

SOURCE: PCT Int. Appl., 61 pp.
CODEN: PIXXD2

DOCUMENT TYPE: Patent

LANGUAGE: English

FAMILY ACC. NUM. COUNT: 1

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2004015140	A1	20040219	WO 2003-EP8719	20030806
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LT, LU, LV, MA, MD, MK, MN, MX, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SE, SG, SK, SY, TJ, TM, TN, TR, TT, UA, US, UZ, VC, VN, YU, ZA, ZW				
RW: AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR				
CA 2494585	A1	20040219	CA 2003-2494585	20030806
AU 2003266967	A1	20040225	AU 2003-266967	20030806
AU 2003266967	B2	20061116		
EP 1529116	A1	20050511	EP 2003-747881	20030806
EP 1529116	B1	20090701		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK				
BR 2003013588	A	20050712	BR 2003-13588	20030806
CN 1681941	A	20051012	CN 2003-821252	20030806
JP 2005534710	T	20051117	JP 2004-526899	20030806
US 20060160079	A1	20060720	US 2005-523047	20051108
US 20080214662	A1	20080904	US 2007-941420	20071116
PRIORITY APPLN. INFO.:			US 2002-401694P	P 20020807
			WO 2003-EP8719	W 20030806
			US 2005-523047	B1 20051108

AB This invention relates to methods to prevent worsening of and/or to improve cognitive functioning and behavior problems in patients with dementia by means of ApoE genotyping to guide the use of acetylcholinesterase inhibitor (AChEI) drugs, including rivastigmine. Also included are kits for determining ApoE4 status and recommended treatment strategy. Patients with probable Alzheimer's disease determined to be carriers of the ApoE4 allele had much higher rates of response, especially when administered at least 6 mg/day of rivastigmine.

REFERENCE COUNT: 9 THERE ARE 9 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 15 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN

ACCESSION NUMBER: 2004:905628 CAPLUS
DOCUMENT NUMBER: 141:325776
TITLE: Liquid dosage formulations of donepezil
INVENTOR(S): Pratt, Raymond
PATENT ASSIGNEE(S): Eisai Co., Ltd., Japan
SOURCE: U.S. Pat. Appl. Publ., 16 pp., Cont.-in-part of U.S. Ser. No. 232,406.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 20040214863	A1	20041028	US 2003-623577	20030722
US 20060183776	A9	20060817		
WO 2001066114	A1	20010913	WO 2001-US7027	20010305
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
EP 1764101	A1	20070321	EP 2006-24116	20010305
R: AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LI, LU, MC, NL, PT, SE, TR				
US 20020040038	A1	20020404	US 2001-947086	20010904
US 6458807	B2	20021001		
US 20030040532	A1	20030227	US 2002-232406	20020903
US 6689795	B2	20040210		
WO 2005097124	A1	20051020	WO 2004-US22750	20040715
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				

PRIORITY APPLN. INFO.:

US 2000-186744P	P	20000303
US 2000-197610P	P	20000418
US 2000-220783P	P	20000725
US 2001-259226P	P	20010103

WO 2001-US7027	A1	20010305
US 2001-947086	A1	20010904
US 2002-232406	A2	20020903
EP 2001-922272	A3	20010305
US 2003-623577	A	20030722

OTHER SOURCE(S): MARPAT 141:325776

AB The invention describes novel methods for treating and preventing dementia caused by vascular diseases; dementia associated with Parkinson's disease; Lewy Body dementia; AIDS dementia; mild cognitive impairments; age-associated memory impairments; cognitive impairments and/or dementia associated with neurol. and/or psychiatric conditions, including epilepsy, brain tumors, brain lesions, multiple sclerosis, Down's syndrome, Rett's syndrome, progressive supranuclear palsy, frontal lobe syndrome, and schizophrenia and related psychiatric disorders; cognitive impairments caused by traumatic brain injury, post coronary artery bypass graft surgery, electroconvulsive shock therapy, and chemotherapy, administering a therapeutically effective amount of at least one of the cholinesterase inhibitor compds. described herein. The invention also describes novel methods for treating and preventing delirium, Tourette's syndrome, myasthenia gravis, attention deficit hyperactivity disorder, autism, dyslexia, mania, depression, apathy, and myopathy associated with diabetes by administering a therapeutically effective amount of at least one of the cholinesterase inhibitor compds. described herein. The invention also describes novel methods for delaying the onset of Alzheimer's disease, for enhancing cognitive functions, for treating and preventing sleep apnea, for alleviating tobacco withdrawal syndrome, and for treating the dysfunctions of Huntington's Disease by administering a therapeutically effective amount of at least one of the cholinesterase inhibitor compds. described herein. A preferred cholinesterase inhibitor for use in the methods of the invention is donepezil hydrochloride or ARICEPT. The invention also provides orally administrable liquid dosage formulations comprising cholinesterase inhibitor compds., such as ARICEPT.

L8 ANSWER 16 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN

ACCESSION NUMBER:	2004:697555 CAPLUS
DOCUMENT NUMBER:	142:106292
TITLE:	The benefits and risks associated with cholinesterase inhibitor therapy in Alzheimer's disease
AUTHOR(S):	Thompson, Sarah; Lanctot, Krista L.; Herrmann, Nathan
CORPORATE SOURCE:	Department of Psychiatry, Sunnybrook and Women's College Health Sciences Centre, Toronto, ON, M4N 3M5, Can.
SOURCE:	Expert Opinion on Drug Safety (2004), 3(5), 425-440 CODEN: EODSA9; ISSN: 1474-0338
PUBLISHER:	Ashley Publications Ltd.
DOCUMENT TYPE:	Journal; General Review
LANGUAGE:	English

AB A review. The second-generation' cholinesterase inhibitors (ChEIs), donepezil, galantamine and rivastigmine, are a class of medications that are currently approved for the treatment of mild-to-moderate Alzheimer's disease (AD). These medications have proven efficacy in improving cognition, behavior, activities of daily living, and global functioning in mild-to-moderate AD. They have also been shown to reduce caregiver stress and to delay time to nursing home placement. Two sep. meta-analyses have indicated that ChEIs confer a modest but significant therapeutic benefit in the treatment of AD, despite higher rates of treatment discontinuation and side effects than placebo. There is growing evidence to support their efficacy in treating moderate-to-severe AD. ChEIs are generally well-tolerated, with side effects that tend to be dose-related and are most problematic during dose

titration The most common adverse effects, related to cholinergic stimulation in the brain and peripheral tissues, include gastrointestinal, cardiorespiratory, extrapyramidal, genitourinary, and musculoskeletal symptoms, as well as sleep disturbances. Few clin. significant drug-drug interactions with ChEIs have been identified. Three head-to-head trials of ChEIs in the treatment of AD have been published to date, but are limited due to their open-label design, rates of titration, and the drug dosage levels utilized. Further study is needed to examine other indications for ChEIs, as well as their combination with newer treatments, such as memantine.

REFERENCE COUNT: 139 THERE ARE 139 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 17 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2004:199966 CAPLUS
DOCUMENT NUMBER: 140:297387
TITLE: Non-pharmacological interventions in cognitively impaired and demented patients - a comparison with cholinesterase inhibitors
AUTHOR(S): Luijpen, Marijn W.; Scherder, Erik J. A.; van Someren, Eus J. W.; Swaab, Dick F.; Sergeant, Joseph A.
CORPORATE SOURCE: Department of Clinical Neuropsychology, Vrije Universiteit, Amsterdam, Neth.
SOURCE: Reviews in the Neurosciences (London, United Kingdom) (2003), 14(4), 343-368
CODEN: RNEUEO; ISSN: 0334-1763
PUBLISHER: Freund and Pettman
DOCUMENT TYPE: Journal
LANGUAGE: English

AB The present paper discusses studies examining the effects of non-pharmacol. stimulation, i.e. bright light, phys. activity and tactile stimulation (touch), on cognition, affective behavior, and the sleep-wake rhythm of impaired and demented elderly, both in a qual. (narrative) and quant. (meta-analytic) manner. An extensive search through eight bibliog. databases (PubMed, Web of Science, ERIC, PsychINFO, Psyndex, Cinahl, Biol. Abstrs. and Rehabdata) was performed up to August 2002. The primary criterion for inclusion in this meta-anal. was that studies provided sufficient data to calculate effect-sizes. In the qual. anal., all three types of stimulation appeared to improve cognitive functioning. Disturbances in behavior react pos. to bright light and tactile stimulation. Bright light was also beneficial to sleep. Tactile stimulation had, moreover, a beneficial influence on the patient-caretaker relation. A comparison was made with several representative papers published since 1991 on the effects of acetylcholinesterase inhibitors on cognition and behavior with representative papers on non-pharmacol. stimulation interventions. Data indicated that improvements in cognition and affective behavior by non-pharmacol. interventions (d' = 0.32) and by cholinesterase inhibitors (d' = 0.31) were of similar effect-size. Possible mechanisms underlying the non-pharmacol. stimulation effects are discussed and suggestions offered for future research.

REFERENCE COUNT: 129 THERE ARE 129 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 18 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2003:983727 CAPLUS
DOCUMENT NUMBER: 141:17390
TITLE: Efficacy and safety of galantamine in patients with dementia with Lewy bodies: A 12-Week interim analysis
AUTHOR(S): Edwards, Keith R.; Hershey, Linda; Wray, Laura;

Bednarczyk, Edward M.; Lichter, David; Farlow, Martin; Johnson, Stewart
CORPORATE SOURCE: Alzheimer's Diagnostic and Treatment Center, Neurological Research Center, Bennington, VT, 05201, USA
SOURCE: Dementia and Geriatric Cognitive Disorders (2003), Volume Date 2004, 17(Suppl. 1), 40-48
CODEN: DGCDFX; ISSN: 1420-8008
PUBLISHER: S. Karger AG
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Observations on the neurochem. of dementia with Lewy bodies (DLB) have suggested that cholinesterase inhibitors (ChEIs) might be beneficial in treating some clin. symptoms of DLB. A 24-wk, multicenter open-label study was designed to assess the safety and efficacy of the ChEI galantamine in patients with DLB, and an interim anal. of results was performed at 12 wk. Efficacy analyses were performed on data from 25 patients. Scores on the Neuropsychiatric Inventory (NPI-12) improved (decreased) by 7.52 points over the 12 wk (marginally significant, p = 0.061). NPI-12 scores decreased by half in 12 of the 25 patients. Highly significant improvement was observed in scores on the NPI-4 subscale (delusions, hallucinations, apathy, and depression: p = 0.003). Scores on the Clinician's Global Impression of Change (CGIC) improved by 0.95 points (significant, p = 0.02). Improvements also were found in secondary efficacy variables, including cognitive, functional, activities of daily living, sleep and confusion assessments. Motor scores, as measured by the UPDRS motor subscale, showed mild improvement, which demonstrates that galantamine has no adverse effect on parkinsonian symptoms. Adverse events generally were transient and of mild-to-moderate intensity. Two of the 25 patients discontinued galantamine because of nausea and anorexia. One serious adverse event was recorded, but it was judged to be unrelated to the study medication.
REFERENCE COUNT: 51 THERE ARE 51 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 19 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2002:623231 CAPLUS
DOCUMENT NUMBER: 137:179283
TITLE: The tolerability and safety of cholinesterase inhibitors in the treatment of dementia
AUTHOR(S): Inglis, F.
CORPORATE SOURCE: Glasgow Memory Clinic, Clydebank, UK
SOURCE: International Journal of Clinical Practice, Supplement (2002), 127, 45-63
CODEN: ICPSFY; ISSN: 1368-504X
PUBLISHER: Medicom International
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
AB A review. Cholinesterase inhibitors (ChEIs) are dosed in two phases for the treatment of dementia, an initial dose-escalation phase to achieve a therapeutic dose and a maintenance phase where the therapeutic dose is given for long-term therapy. ChEIs are associated with a range of side effects as a result of cholinergic stimulation in different areas of the brain and the periphery. Acute, centrally-mediated gastrointestinal events (mostly nausea and vomiting) are class effects of all ChEIs, and are reported mostly during the dose-escalation phase of therapy. These events have been associated more with the dual acetylcholinesterase/butyrylcholinesterase (AChE/BuChE) inhibitor rivastigmine than with the AChE-selective inhibitors donepezil and galantamine, probably due to rivastigmine's higher potency. However, these events can be minimized using slow dose escalation with small dose graduations and administration with food. Other side effects associated with

ChEIs include central nervous system events, extrapyramidal symptoms, sleep disturbances and cardiorespiratory events, associated with cholinergic activity in the cortex, caudate nucleus, brainstem and medulla, resp., and muscle cramps and weakness, cardiorespiratory events and urinary incontinence, associated with peripheral cholinergic activity. These symptoms are mostly reported during the maintenance phase of therapy. They are more frequently reported with donepezil, but are rarely reported with rivastigmine, and galantamine may not have been marketed long enough to make an adequate assessment. These differences are due to the drugs' resp. pharmacol. For example, donepezil and rivastigmine are active centrally, in contrast to galantamine, which is more active peripherally. Furthermore, rivastigmine preferentially inhibits the G1 isoform of cholinesterase, predominantly located in the cortex, hippocampus and in neuritic plaques, while donepezil and galantamine are not selective for any cholinesterase isoforms and have wide cholinergic activity both centrally and peripherally. The cholinergic activity of rivastigmine, in contrast to donepezil and galantamine, is apparently more targeted at clin. relevant brain sites. The pharmacol. profile of rivastigmine results in it having a low potential to interact with other drugs and it may be used with a high margin of safety in patients having a wide variety of concomitant diseases. Donepezil and galantamine may have significant interactions with other drugs that are metabolized by the hepatic cytochrome system and therefore need to be used with caution in patients with many concomitant illnesses. When dosed with care, ChEIs are well tolerated and patient compliance and patient and caregiver acceptability are good. The favorable tolerability and safety profiles of these agents make them suitable first-line therapy for dementia. In addition, patients who have tolerability and/or safety problems in maintenance treatment that limit the use of donepezil or galantamine may benefit from switching to rivastigmine.

REFERENCE COUNT: 129 THERE ARE 129 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 20 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN

ACCESSION NUMBER: 2001:653553 CAPLUS

DOCUMENT NUMBER: 135:268654

TITLE: Sleep and the cholinergic rapid eye movement sleep induction test in patients with primary alcohol dependence

AUTHOR(S): Gann, H.; Feige, B.; Hohagen, F.; van Calker, D.; Geiss, D.; Dieter, R.

CORPORATE SOURCE: Department of Psychiatry and Psychotherapy of the University of Freiburg, Freiburg, Germany

SOURCE: Biological Psychiatry (2001), 50(5), 383-390
CODEN: BIPCBF; ISSN: 0006-3223

PUBLISHER: Elsevier Science Inc.

DOCUMENT TYPE: Journal

LANGUAGE: English

AB Polysomnog. assessed sleep parameters were examined in alc.-dependent patients after withdrawal and in healthy control subjects during baseline and after a cholinergic stimulation paradigm. The aim of the study was to test whether sleep parameters, especially rapid eye movement (REM) sleep variables, may serve as predictors for relapse in alc.-dependent patients. Forty patients diagnosed with alc. dependence were admitted to a specialized ward for alc. withdrawal and were investigated by polysomnog. at three time points: 2-3 wk after withdrawal (T0) and at follow-up investigations 6 (T1) and 12 (T2) months after discharge from the hospital. A subgroup of patients (n = 17) was studied at T0 after challenge with galanthamine, a reversible cholinesterase inhibitor (cholinergic REM induction test, CRIT). Patients were compared with two control groups: a) 30 healthy control

subjects (matched for age- and gender-distribution) for comparison at baseline conditions; and b) 17 age- and gender-matched control subjects for comparison with the CRIT. At baseline the patients showed significant disturbances of sleep continuity and sleep architecture (decreased slow-wave sleep, SWS) and exhibited an increase of "REM sleep pressure" (a combined index of REM latency, REM d., and REM sleep percent). Galanthamine provoked significant alterations of sleep continuity, sleep architecture (reduced SWS), and increased most of the components of REM pressure, taking patients and control subjects together. Apart from SWS %SPT (sleep period time) no significant drug-group interactions occurred. Patients who remained abstinent (n = 11) for at least 6 mo at follow-up exhibited significantly less abnormalities of REM sleep at T0 compared to the group of patients that relapsed at 6 mo follow-up. Thus, increased REM sleep pressure after alc. withdrawal is a robust predictor of vulnerability to relapse. Thus, a subgroup of alc. patients appears to exhibit distinct neurobiol. abnormalities assessable by polysomnog. that are related to an increased vulnerability for alcoholism and early relapse.

REFERENCE COUNT: 31 THERE ARE 31 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 21 OF 21 CAPLUS COPYRIGHT 2009 ACS on STN

ACCESSION NUMBER: 1994:548893 CAPLUS
DOCUMENT NUMBER: 121:148893
ORIGINAL REFERENCE NO.: 121:26680h,26681a
TITLE: Influence of the cholinesterase inhibitor galanthamine hydrobromide on normal sleep
AUTHOR(S): Riemann, Dieter; Gann, Horst; Dressing, Harald; Mueller, Walter E.; Aldenhoff, Josef B.
CORPORATE SOURCE: Sleep EEG Lab., CIMH, Mannheim, Germany
SOURCE: Psychiatry Research (1994), 51(3), 253-67
CODEN: PSRSDR; ISSN: 0165-1781
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Evidence from animal expts. has suggested that the triggering and maintenance of rapid eye movement (REM) sleep is mainly under the control of cholinergic neurons in the brain stem. Correspondingly, studies in humans have demonstrated that the application of cholinergic agonists or cholinesterase inhibitors provokes an earlier onset of REM sleep. The present study investigated the influence of galanthamine hydrobromide, a reversible cholinesterase inhibitor, on REM sleep regulation in 18 healthy volunteers. After an adaptation night, the subjects were given two doses of galanthamine (10 mg and 15 mg) or placebo at 10 p.m. in a randomized double-blind design. Both doses of galanthamine shortened REM latency (with statistical significance depending on the definition of REM latency used), increased REM d., and reduced slow wave sleep mainly in the first non-REM cycle. Higher doses of galanthamine (15 mg) seem to be accompanied by unwanted side effects that warrant the application of a peripheral antidote. These results are comparable to those for other cholinomimetics and stress the usefulness of galanthamine for pharmacol. challenge studies in healthy subjects and depressed patients.

=> s (sleep)(S)(disturbance) and cholinesterase
26391 SLEEP
59 SLEEPS
26421 SLEEP
(SLEEP OR SLEEPS)
36854 DISTURBANCE
41031 DISTURBANCES

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         73322 DISTURBANCE
               (DISTURBANCE OR DISTURBANCES)
          1314 (SLEEP)(S)(DISTURBANCE)
         24553 CHOLINESTERASE
          4939 CHOLINESTERASES
         25287 CHOLINESTERASE
               (CHOLINESTERASE OR CHOLINESTERASES)
L9          13 (SLEEP)(S)(DISTURBANCE) AND CHOLINESTERASE

=> d l9 1-13 ibib abs

L9   ANSWER 1 OF 13  CAPLUS  COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER:        2009:165374  CAPLUS
TITLE:                   Importance of circadian rhythmicity in the cholinergic
                         treatment of Alzheimer's disease: focus on galantamine
AUTHOR(S):               Nieoullon, Andre; Bentue-Ferrer, Daniele; Bordet,
                         Regis; Tsolaki, Magda; Forstl, Hans
CORPORATE SOURCE:        Institut de Biologie du Developpement de
                         Marseille-Luminy, Universite de la Mediterranee,
                         Marseille, Fr.
SOURCE:                  Current Medical Research and Opinion (2008), 24(12),
                         3357-3367
                         CODEN: CMROCX; ISSN: 0300-7995
PUBLISHER:               Informa Healthcare
DOCUMENT TYPE:           Journal; General Review
LANGUAGE:                English
AB   Objective and scope: This review article used data from an extensive
     literature search (including MEDLINE database searches) to explore the
     relationships between sleep, memory and Alzheimer's disease (AD).  The
     importance of taking into account circadian rhythmicity and acetylcholine
     (ACh) levels when considering acetylcholinesterase inhibitors, galantamine
     in particular, in the treatment of patients with AD is discussed.  Review
     findings: Moderate changes of circadian rhythms may occur as part of the
     normal ageing process, but patients with AD exhibit circadian rhythm
     disturbances extending beyond those observed in non-demented elderly
     and this may lead to severe disruption of the sleep-wake cycle.
     Indeed, ACh plays an active role in maintaining a normal sleep pattern,
     which is important for memory consolidation.  Low levels of ACh during
     slow-wave sleep compared with wakefulness have been shown to be critical for
     the consolidation of declarative memory.  This suggests the existence of a
     circadian rhythm in central cholinergic transmission which modulates
     memory processes, with high ACh levels during wakefulness and reduced
     levels during slow-wave sleep.  When using cholinesterase
     inhibitors to stimulate central cholinergic transmission in AD, respecting
     the natural circadian fluctuations of central cholinergic transmission may
     therefore be an important factor for patient improvement.  Interfering
     with nocturnal cholinergic activity can add to memory problems and induce
     sleep disorders.  Available data suggest that the type of
     cholinesterase inhibitor used and the time of administration may
     be critical with regard to the possible development of such disturbances.
     Plasma levels of galantamine, for example, are high during the waking day
     and lower at night, supporting a cholinergic stimulation that mirrors the
     physiol. circadian rhythm of cholinergic activity.  This may have
     beneficial implications with regard to sleep and memory.  Conclusions: The
     pharmacokinetic properties of cholinesterase inhibitors may need
     to be taken into account to avoid interference with sleep architecture and
     to achieve optimum benefits from treatment on cognitive processes.
REFERENCE COUNT:         86    THERE ARE 86 CITED REFERENCES AVAILABLE FOR THIS
                               RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9   ANSWER 2 OF 13  CAPLUS  COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER:        2008:1134188  CAPLUS
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DOCUMENT NUMBER: 150:279711
TITLE: Pathophysiology and treatment of psychosis in Parkinson's disease: a review
AUTHOR(S): Zahodne, Laura B.; Fernandez, Hubert H.
CORPORATE SOURCE: Department of Clinical and Health Psychology, University of Florida, Gainesville, FL, USA
SOURCE: Drugs & Aging (2008), 25(8), 665-682
CODEN: DRAGE6; ISSN: 1170-229X
PUBLISHER: Wolters Kluwer Health
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
AB A review. Psychotic symptoms in Parkinson's disease (PD) are relatively common and, in addition to creating a disturbance in patients' daily lives, have consistently been shown to be associated with poor outcome. Our understanding of the pathophysiol. of psychosis in PD has expanded dramatically over the past 15 years, from an initial interpretation of symptoms as dopaminergic drug adverse effects to the current view of a complex interplay of extrinsic and disease-related factors. PD psychosis has unique clin. features, namely that it arises within a context of a clear sensorium and retained insight, there is relative prominence of visual hallucinations and progression occurs over time. PD psychosis tends to emerge later in the disease course, and disease duration represents one risk factor for its development. The use of anti-PD medications (particularly dopamine receptor agonists) has been the most widely identified risk factor for PD psychosis. Other risk factors discussed in the literature include older age, disease severity, sleep disturbance, cognitive impairment, dementia and/or depression. Recent efforts have aimed to explore the complex pathophysiol. of PD psychosis, which is now known to involve an interaction between extrinsic, drug-related and intrinsic, disease-related components. The most important extrinsic factor is use of dopaminergic medication, which plays a prominent role in PD psychosis. Intrinsic factors include visual processing deficits (e.g. lower visual acuity, color and contrast recognition deficits, ocular pathol. and functional brain abnormalities identified amongst hallucinating PD patients); sleep dysregulation (e.g. sleep fragmentation and altered dream phenomena); neurochem. (dopamine, serotonin, acetylcholine, etc.) and structural abnormalities involving site-specific Lewy body deposition; and genetics (e.g. apolipoprotein E ε4 allele and tau H1H1 genotype). Preliminary reports have also shown a potential relationship between deep brain stimulation surgery and PD psychosis. When reduction in anti-PD medications to the lowest tolerated dose does not improve psychosis, further intervention may be warranted. Several atypical antipsychotic agents (i.e. clozapine, olanzapine) have been shown to be efficacious in reducing psychotic symptoms in PD; however, use of clozapine requires cumbersome monitoring and olanzapine leads to motor worsening. Studies of ziprasidone and aripiprazole are limited to open-label trials and case reports and are highly variable; however, it appears that while each may be effective in some patients, both are associated with adverse effects. While quetiapine has not been determined efficacious in two randomized controlled trials, it is a common first-line treatment for PD psychosis because of its tolerability, ease of use and demonstrated utility in numerous open-label reports. Cholinesterase inhibitors currently represent the most promising pharmacol. alternative to antipsychotics. Tacrine is rarely tried because of hepatic toxicity, and controlled trials with donepezil have not shown significant redns. in psychotic symptoms, due perhaps to methodol. limitations. However, results from an open-label study and a double-blind, placebo-controlled trial involving 188 hallucinating PD patients support the efficacy of rivastigmine. With regard to non-pharmacol. interventions, case reports suggest that electroconvulsive therapy has the potential to reduce psychotic symptoms and may be considered in cases involving concurrent

depression and/or medication-refractory psychosis. Limited case reports also suggest that specific antidepressants (i.e. clomipramine and citalopram) may improve psychosis in depressed patients. Finally, studies in the schizophrenia literature indicate that psychol. approaches are effective in psychosis management but, to date, this strategy has been supported only qual. in PD, and further studies are warranted.
REFERENCE COUNT: 164 THERE ARE 164 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 3 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2008:1101222 CAPLUS
DOCUMENT NUMBER: 149:347548
TITLE: Droxidopa, pharmaceutical composition thereof, and combinations with other agents for the treatment of fibromyalgia
INVENTOR(S): Roberts, Michael J.; Pedder, Simon
PATENT ASSIGNEE(S): Chelsea Therapeutics, Inc., USA
SOURCE: U.S. Pat. Appl. Publ., 20pp.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 20080221170	A1	20080911	US 2008-44680	20080307
WO 2008112562	A1	20080918	WO 2008-US56255	20080307

W: AE, AG, AL, AM, AO, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD, ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, SV, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU, IE, IS, IT, LT, LU, LV, MC, MT, NL, NO, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM

PRIORITY APPLN. INFO.: US 2007-894030P P 20070309
AB The invention provides methods for treating fibromyalgia or other diseases or conditions causing widespread pain and/or fatigue. In particular, the invention provides pharmaceutical compns. comprising droxidopa alone, or in combination with one or more further active agents, that can be used in the inventive methods. The methods of treatment can comprise treating, preventing, reducing, or eliminating a variety of symptoms recognized as indicative of fibromyalgia, such as chronic pain, allodynia, hyperalgesia, fatigue, sleep disturbance, and depression.

L9 ANSWER 4 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2008:782769 CAPLUS
DOCUMENT NUMBER: 149:44127
TITLE: Antipsychotics for the treatment of behavioral and psychological symptoms of dementia (BPSD)
AUTHOR(S): Liperoti, Rosa; Pedone, Claudio; Corsonello, Andrea
CORPORATE SOURCE: Centro di Medicina dell'Invecchiamento, Dipartimento di Scienze Gerontologiche, Geriatriche e Fisiatriche, Universita Cattolica del Sacro Cuore, Rome, I-00168, Italy
SOURCE: Current Neuropharmacology (2008), 6(2), 117-124

CODEN: CNUEAN; ISSN: 1875-6190
URL: http://www.ingentaconnect.com/content/ben/cn/2008/00000006/00000002
PUBLISHER: Bentham Science Publishers Ltd.
DOCUMENT TYPE: Journal; General Review; (online computer file)
LANGUAGE: English
AB A review. Behavioral and psychol. symptoms of dementia (BPSD), i.e. verbal and phys. aggression, agitation, psychotic symptoms (hallucinations and delusions), sleep disturbances, oppositional behavior, and wandering, are a common and potentially severe problem complicating dementia. Their prevalence is very high and it is estimated that up to 90% of patients with Alzheimer's disease (AD) may present at least one BPSD. Beside the obvious impact on the quality of life of people with dementia, BPSD are responsible for increased risk of patient institutionalization and increased costs. Furthermore, they are associated with caregivers' stress and depression. Drugs used include antipsychotics, antidepressants, anticonvulsivants, anxiolytics, cholinesterase inhibitors and N-methyl-D-aspartate receptor modulators. Among these, the most commonly used are anti-psychotics. These drugs have been used for many decades, but in the last years new compds. have been marketed with the promise of comparable efficacy but less frequent adverse effects (especially extra-pyramidal side effects). Their safety, however, has been challenged by data showing a potential increase in adverse cerebrovascular side effects and mortality. This review will summarize the pathophysiol. and neuropharmacol. of BPSD, it will describe the characteristics of the anti-psychotics most commonly used focusing on their efficacy and safety in BPSD.

L9 ANSWER 5 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2007:1130456 CAPLUS
DOCUMENT NUMBER: 147:514928
TITLE: Donepezil in Alzheimer's disease: a clinical observational study evaluating individual treatment response
AUTHOR(S): Riepe, Matthias W.; Kohler, Juergen; Horn, Rolf
CORPORATE SOURCE: Department of Psychiatry, Mental Health and Old Age Psychiatry, Charite Universitaetsmedizin, Berlin, Germany
SOURCE: Current Medical Research and Opinion (2007), 23(8), 1829-1835
CODEN: CMROCX; ISSN: 0300-7995
PUBLISHER: Informa Healthcare
DOCUMENT TYPE: Journal
LANGUAGE: English
AB A post-marketing surveillance study evaluating the sensitivity of the Individual Symptom Score (IndiSS) in assessing the treatment benefits of donepezil in patients with Alzheimer's disease (AD) under everyday conditions. For each patient, up to three especially relevant individual symptoms were defined and evaluated during donepezil treatment. Changes were scored on a five-point Likert-type scale, ranging from markedly improved (+2) to markedly worsened (-2). The mean score for all IndiSS items was calculated after 3 and 6 mo. Pos. values represented treatment success. In addition, patients with concomitant parkinsonian symptoms (PS+) or cerebrovascular disease (CVD+) were compared with those with neither condition. A total of 2046 patients with AD enrolled. The most frequent IndiSS items were (% patients): memory (24%), disorientation (14%) and loss of initiative/apathy (9%). The mean IndiSS for the overall patient population was +0.7 ± 0.7 points after 3 mo and +0.9 ± 0.8 after 6 mo. Patients with concomitant PS+ or CVD+ showed similar improvements in IndiSS. Identification and follow-up of individual symptoms is a useful tool for evaluating therapy response to donepezil in everyday practice. Patients with concomitant PS+ or CVD+ benefit from donepezil therapy and

show a similar side-effect profile.
REFERENCE COUNT: 18 THERE ARE 18 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 6 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2004:818172 CAPLUS
DOCUMENT NUMBER: 142:126322
TITLE: Nonpharmacological and pharmacological interventions for symptoms in Alzheimer's disease
AUTHOR(S): Overshott, Ross; Byrne, Jane; Burns, Alistair
CORPORATE SOURCE: School of Psychiatry and Behavioural Sciences, Wythenshawe Hospital, University of Manchester, Manchester, UK
SOURCE: Expert Review of Neurotherapeutics (2004), 4(5), 809-821
CODEN: ERNXAR; ISSN: 1473-7175
PUBLISHER: Future Drugs Ltd.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
AB A review. Patients with Alzheimer's disease may suffer from noncognitive symptoms as well as cognitive symptoms, which the condition is better known for. Behavioral and psychiatric symptoms are common in patients with Alzheimer's disease and may cause great distress to them and their carers. Symptoms include agitation, aggression, wandering, shouting, depression, apathy and sleep disturbance. The safe and effective management of behavioral and psychiatric symptoms of Alzheimer's disease is one of the greatest challenges clinicians face. Traditionally, pharmacol. interventions have been the mainstay of treatment but there is growing evidence for the effectiveness of a wide range of nonpharmacol. measures. In this review, the evidence and appropriateness of both types of intervention for behavioral and psychiatric symptoms in Alzheimer's disease are discussed.
REFERENCE COUNT: 118 THERE ARE 118 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 7 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2004:697555 CAPLUS
DOCUMENT NUMBER: 142:106292
TITLE: The benefits and risks associated with cholinesterase inhibitor therapy in Alzheimer's disease
AUTHOR(S): Thompson, Sarah; Lanctot, Krista L.; Herrmann, Nathan
CORPORATE SOURCE: Department of Psychiatry, Sunnybrook and Women's College Health Sciences Centre, Toronto, ON, M4N 3M5, Can.
SOURCE: Expert Opinion on Drug Safety (2004), 3(5), 425-440
CODEN: EODSA9; ISSN: 1474-0338
PUBLISHER: Ashley Publications Ltd.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
AB A review. The second-generation' cholinesterase inhibitors (ChEIs), donepezil, galantamine and rivastigmine, are a class of medications that are currently approved for the treatment of mild-to-moderate Alzheimer's disease (AD). These medications have proven efficacy in improving cognition, behavior, activities of daily living, and global functioning in mild-to-moderate AD. They have also been shown to reduce caregiver stress and to delay time to nursing home placement. Two sep. meta-analyses have indicated that ChEIs confer a modest but significant therapeutic benefit in the treatment of AD, despite higher rates of treatment discontinuation and side effects than placebo. There is growing evidence to support their efficacy in treating

moderate-to-severe AD. ChEIs are generally well-tolerated, with side effects that tend to be dose-related and are most problematic during dose titration The most common adverse effects, related to cholinergic stimulation in the brain and peripheral tissues, include gastrointestinal, cardiorespiratory, extrapyramidal, genitourinary, and musculoskeletal symptoms, as well as sleep disturbances. Few clin. significant drug-drug interactions with ChEIs have been identified. Three head-to-head trials of ChEIs in the treatment of AD have been published to date, but are limited due to their open-label design, rates of titration, and the drug dosage levels utilized. Further study is needed to examine other indications for ChEIs, as well as their combination with newer treatments, such as memantine.

REFERENCE COUNT: 139 THERE ARE 139 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 8 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2004:143315 CAPLUS
DOCUMENT NUMBER: 140:175167
TITLE: Methods for the treatment of dementia with cholinesterase inhibitors based on ApoE genotype
INVENTOR(S): Lane, Roger Michael; Polymeropoulos, Mihael Hristos
PATENT ASSIGNEE(S): Novartis Ag, Switz.; Novartis Pharma Gmbh
SOURCE: PCT Int. Appl., 61 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2004015140	A1	20040219	WO 2003-EP8719	20030806
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LT, LU, LV, MA, MD, MK, MN, MX, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SE, SG, SK, SY, TJ, TM, TN, TR, TT, UA, US, UZ, VC, VN, YU, ZA, ZW				
RW: AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR				
CA 2494585	A1	20040219	CA 2003-2494585	20030806
AU 2003266967	A1	20040225	AU 2003-266967	20030806
AU 2003266967	B2	20061116		
EP 1529116	A1	20050511	EP 2003-747881	20030806
EP 1529116	B1	20090701		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK				
BR 2003013588	A	20050712	BR 2003-13588	20030806
CN 1681941	A	20051012	CN 2003-821252	20030806
JP 2005534710	T	20051117	JP 2004-526899	20030806
US 20060160079	A1	20060720	US 2005-523047	20051108
US 20080214662	A1	20080904	US 2007-941420	20071116
PRIORITY APPLN. INFO.:			US 2002-401694P P	20020807
			WO 2003-EP8719 W	20030806
			US 2005-523047 B1	20051108

AB This invention relates to methods to prevent worsening of and/or to improve cognitive functioning and behavior problems in patients with dementia by means of ApoE genotyping to guide the use of acetylcholinesterase inhibitor (AChEI) drugs, including rivastigmine.

Also included are kits for determining ApoE4 status and recommended treatment strategy. Patients with probable Alzheimer's disease determined to be carriers of the ApoE4 allele had much higher rates of response, especially when administered at least 6 mg/day of rivastigmine.

REFERENCE COUNT: 9 THERE ARE 9 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 9 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN

ACCESSION NUMBER: 2002:623231 CAPLUS

DOCUMENT NUMBER: 137:179283

TITLE: The tolerability and safety of cholinesterase inhibitors in the treatment of dementia

AUTHOR(S): Inglis, F.

CORPORATE SOURCE: Glasgow Memory Clinic, Clydebank, UK

SOURCE: International Journal of Clinical Practice, Supplement (2002), 127, 45-63
CODEN: ICPSFY; ISSN: 1368-504X

PUBLISHER: Medicom International

DOCUMENT TYPE: Journal; General Review

LANGUAGE: English

AB A review. Cholinesterase inhibitors (ChEIs) are dosed in two phases for the treatment of dementia, an initial dose-escalation phase to achieve a therapeutic dose and a maintenance phase where the therapeutic dose is given for long-term therapy. ChEIs are associated with a range of side effects as a result of cholinergic stimulation in different areas of the brain and the periphery. Acute, centrally-mediated gastrointestinal events (mostly nausea and vomiting) are class effects of all ChEIs, and are reported mostly during the dose-escalation phase of therapy. These events have been associated more with the dual acetylcholinesterase/butyrylcholinesterase (AChE/BuChE) inhibitor rivastigmine than with the AChE-selective inhibitors donepezil and galantamine, probably due to rivastigmine's higher potency. However, these events can be minimized using slow dose escalation with small dose graduations and administration with food. Other side effects associated with ChEIs include central nervous system events, extrapyramidal symptoms, sleep disturbances and cardiorespiratory events, associated with cholinergic activity in the cortex, caudate nucleus, brainstem and medulla, resp., and muscle cramps and weakness, cardiorespiratory events and urinary incontinence, associated with peripheral cholinergic activity. These symptoms are mostly reported during the maintenance phase of therapy. They are more frequently reported with donepezil, but are rarely reported with rivastigmine, and galantamine may not have been marketed long enough to make an adequate assessment. These differences are due to the drugs' resp. pharmacol. For example, donepezil and rivastigmine are active centrally, in contrast to galantamine, which is more active peripherally. Furthermore, rivastigmine preferentially inhibits the G1 isoform of cholinesterase, predominantly located in the cortex, hippocampus and in neuritic plaques, while donepezil and galantamine are not selective for any cholinesterase isoforms and have wide cholinergic activity both centrally and peripherally. The cholinergic activity of rivastigmine, in contrast to donepezil and galantamine, is apparently more targeted at clin. relevant brain sites. The pharmacol. profile of rivastigmine results in it having a low potential to interact with other drugs and it may be used with a high margin of safety in patients having a wide variety of concomitant diseases. Donepezil and galantamine may have significant interactions with other drugs that are metabolized by the hepatic cytochrome system and therefore need to be used with caution in patients with many concomitant illnesses. When dosed with care, ChEIs are well tolerated and patient compliance and patient and caregiver acceptability are good. The favorable tolerability and safety profiles of these agents make them suitable first-line therapy for dementia. In addition, patients who have tolerability and/or safety problems

in maintenance treatment that limit the use of donepezil or galantamine may benefit from switching to rivastigmine.
REFERENCE COUNT: 129 THERE ARE 129 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 10 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2001:653553 CAPLUS
DOCUMENT NUMBER: 135:268654
TITLE: Sleep and the cholinergic rapid eye movement sleep induction test in patients with primary alcohol dependence
AUTHOR(S): Gann, H.; Feige, B.; Hohagen, F.; van Calker, D.; Geiss, D.; Dieter, R.
CORPORATE SOURCE: Department of Psychiatry and Psychotherapy of the University of Freiburg, Freiburg, Germany
SOURCE: Biological Psychiatry (2001), 50(5), 383-390
CODEN: BIPCBF; ISSN: 0006-3223
PUBLISHER: Elsevier Science Inc.
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Polysomnog. assessed sleep parameters were examined in alc.-dependent patients after withdrawal and in healthy control subjects during baseline and after a cholinergic stimulation paradigm. The aim of the study was to test whether sleep parameters, especially rapid eye movement (REM) sleep variables, may serve as predictors for relapse in alc.-dependent patients. Forty patients diagnosed with alc. dependence were admitted to a specialized ward for alc. withdrawal and were investigated by polysomnog. at three time points: 2-3 wk after withdrawal (T0) and at follow-up investigations 6 (T1) and 12 (T2) months after discharge from the hospital. A subgroup of patients (n = 17) was studied at T0 after challenge with galanthamine, a reversible cholinesterase inhibitor (cholinergic REM induction test, CRIT). Patients were compared with two control groups: a) 30 healthy control subjects (matched for age- and gender-distribution) for comparison at baseline conditions; and b) 17 age- and gender-matched control subjects for comparison with the CRIT. At baseline the patients showed significant disturbances of sleep continuity and sleep architecture (decreased slow-wave sleep, SWS) and exhibited an increase of "REM sleep pressure" (a combined index of REM latency, REM d., and REM sleep percent). Galanthamine provoked significant alterations of sleep continuity, sleep architecture (reduced SWS), and increased most of the components of REM pressure, taking patients and control subjects together. Apart from SWS %SPT (sleep period time) no significant drug-group interactions occurred. Patients who remained abstinent (n = 11) for at least 6 mo at follow-up exhibited significantly less abnormalities of REM sleep at T0 compared to the group of patients that relapsed at 6 mo follow-up. Thus, increased REM sleep pressure after alc. withdrawal is a robust predictor of vulnerability to relapse. Thus, a subgroup of alc. patients appears to exhibit distinct neurobiol. abnormalities assessable by polysomnog. that are related to an increased vulnerability for alcoholism and early relapse.
REFERENCE COUNT: 31 THERE ARE 31 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 11 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1999:755359 CAPLUS
DOCUMENT NUMBER: 131:331651
TITLE: The pharmacology of donepezil: a new treatment for Alzheimer's disease
AUTHOR(S): Wilkinson, David G.
CORPORATE SOURCE: Thornhill Research Unit, University of Southampton,

West End, Southampton, SO30 3JB, UK
SOURCE: Expert Opinion on Pharmacotherapy (1999), 1(1), 121-135
CODEN: EOPHF7; ISSN: 1465-6566
PUBLISHER: Ashley Publications Ltd.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

AB A review with 44 refs. Donepezil (donepezil hydrochloride, E-2020, Aricept, Eisai), launched in Mar. 1997, was the first drug to be marketed for the symptomatic treatment of Alzheimer's disease (AD) in the UK. It had been launched a year earlier in the US where clinicians had already had experience of tacrine (THA). Donepezil is a piperidine based, potent, specific, non-competitive and reversible inhibitor of acetylcholinesterase (AChE). It is structurally dissimilar from other established cholinesterase inhibitors, namely THA (an acridine compound) and the carbamates, physostigmine and rivastigmine and has a pharmacokinetic and tolerability profile distinct from these agents. Exptl., donepezil inhibits AChE activity in human erythrocytes and increases extracellular acetylcholine levels in the cerebral cortex and the hippocampus of the rat. Pharmacol., donepezil has a half-life of approx. 70 h lending itself to once daily administration. The most common adverse events reported in clin. trials have been gastrointestinal, typically nausea, vomiting, diarrhea and constipation. Headache, dizziness and sleep disturbance have also been reported; there has been no evidence of hepatotoxicity. Clin. a number of placebo-controlled trials have shown that donepezil 5 or 10 mg daily was associated with significant improvements in cognitive function, as assessed by the Alzheimer's disease Assessment Scale-cognitive subscale (ADAS cog) after 12 or 24 wk treatment. Significant improvements in global function and activities of daily living have also been demonstrated after 24 wk treatment compared with placebo in patients with mild to moderate AD. Donepezil was the first rational treatment available in the UK for this disabling condition and as such received considerable attention. Much of the original attention was neg., ostensibly based on the scientific view that there was not enough published evidence to justify widespread use, but this was driven by concerns about the potentially high drug costs if all patients with AD were eligible to receive it. Considerable data have now been produced from Phase II, III and post-marketing surveillance. This drug evaluation will review the basic pharmacol. of donepezil and place it in context with the trial data and the author's clin. experience with the drug.

REFERENCE COUNT: 44 THERE ARE 44 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 12 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1980:175337 CAPLUS
DOCUMENT NUMBER: 92:175337
ORIGINAL REFERENCE NO.: 92:28319a,28322a
TITLE: Toxicology of butyl alcohol
AUTHOR(S): Rumyantsev, A. P.; Ostroumova, N. A.; Astapova, S. A.; Kustova, Z. R.; Lobanova, I. Ya.; Tiunova, L. V.; Chernikova, V. V.
CORPORATE SOURCE: USSR
SOURCE: Khimicheskaya Promyshlennost, Seriya: Toksikologiya i Sanitarnaya Khimiya Plastmass (1979), (2), 24-6
CODEN: KSTPD7
DOCUMENT TYPE: Journal
LANGUAGE: Russian

AB BuOH [71-36-3] anesthetized rats and mice at 15.7 and 15.3 mg/L, resp. The BuOH anesthesia transiently lowered the blood levels of erythrocytes and Hb. A part of the animals died during the BuOH treatment, showing lung hemorrhages and hyperolemia of other parenchymatous organs. The min. BuOH concentration, disturbing conditioned reflexes was 65 mg/m3. Acute oral

LD50 was 2.68 g BuOH/kg for mice. Cumulation coefficient was 3.4. A 3-mo inhalation of 6.6 or 40.0 mg BuOH/m3 shortened the duration of hexenal sleep, stimulated blood cholinesterase [9001-08-5], and caused a number of other disturbances in rats. Threshold of chronic toxicity was 6.6 mg BuOH/m3.

L9 ANSWER 13 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1960:93211 CAPLUS
DOCUMENT NUMBER: 54:93211
ORIGINAL REFERENCE NO.: 54:17701h-i,17702a
TITLE: Cholinergic and adrenergic substances in the blood of patient undergoing sleep treatment for chronic ulcer and gastritis
AUTHOR(S): Eidel'man, F. M.
SOURCE: Fiziologichnii Zhurnal (Kiev, 1955-1977) (1959), 5, 373-77
CODEN: FZUKAM; ISSN: 0015-3311
DOCUMENT TYPE: Journal
LANGUAGE: Unavailable
AB The purpose of the study was to determine the course of conversion of some neurohumoral substances in the blood of ulcer patients during sleep therapy, on the assumption that humoral factors participated in the transmission of nerve stimulation. Patients under sleep treatment showed disturbance in the blood content of autonomic substances, such as acetylcholine and adrenaline. In some patients there was an increase in the activity of specific erythrocyte cholinesterase and in the acetylcholine content when free adrenaline was not present in the blood. E. is of the opinion that the disappearance during treatment of acetylcholine from the blood, the normalization in the activity of true erythrocytic cholinesterase in the blood serum, and a rise in free adrenaline were indications of favorable changes appearing in the autonomic nervous system resulting from treatment.

=> d his

(FILE 'HOME' ENTERED AT 15:26:06 ON 13 JUL 2009)

FILE 'REGISTRY' ENTERED AT 15:26:23 ON 13 JUL 2009
L1 1 S GALANTHAMINE/CN
L2 1 S L1

FILE 'CAPLUS' ENTERED AT 15:26:44 ON 13 JUL 2009
L3 1387 S L1
L4 1699 S "DELAYED RELEASE"
L5 3 S L3 AND L4
L6 3 DUP REM L5 (0 DUPLICATES REMOVED)
L7 21 S L3 AND "SLEEP" AND "CHOLINESTERASE"
L8 21 DUP REM L7 (0 DUPLICATES REMOVED)
L9 13 S (SLEEP)(S)(DISTURBANCE) AND CHOLINESTERASE

=>

---Logging off of STN---

=>
Executing the logoff script...

=> LOG Y

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	130.68	144.13

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)	SINCE FILE ENTRY	TOTAL SESSION
CA SUBSCRIBER PRICE	-30.34	-30.34

STN INTERNATIONAL LOGOFF AT 15:31:27 ON 13 JUL 2009